

Commonwealth of Massachusetts <u>Executive Office of Health and Human Services</u>

FAX COMPLETED REQUEST TO: 501-643-5312

New User Request & Account Modification Form for Virtual Gateway Access Any Questions? Please Call the EOHHS Virtual Gateway Help Desk

(MUST TYPE INFORMATION DIRECTLY INTO FORM)

					(Check One)		
User's Full Name	User PIN Last 4 Digits of SSN or MMDD of Birth	Work E-mail Address	Work Phone Number	Role Requested See Virtual Gateway Roles Matrix	Add	Modify	Deactivate
					1		
			1		1	1	1
Access Administrator Name		Organization Full Name		Date			
Access Administrator's Signature		Organization ID (Call Help Desk if Unknown)		Access Administrator E-mail Address			